

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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October 4, 2019

Mr. Lance Doyle, EMS Executive Director  
Mountain-Valley EMS Agency  
1101 Standiford Avenue, #D1  
Modesto, CA 95350

Dear Mr. Doyle:

This letter is in response to Mountain-Valley EMS Agency's 2017 EMS Plan submission to the EMS Authority on March 29, 2019.

**I. Introduction and Summary:**

The EMS Authority has concluded its review of Mountain-Valley EMS Agency's 2017 EMS Plan and is approving the plan as submitted.

**II. History and Background:**

Mountain-Valley EMS Agency received its last plan approval for its 2016 plan submission.

Historically, we have received EMS Plan submissions from Mountain-Valley EMS Agency for the following years:

- 1996
- 1999-2002
- 2004-2005
- 2007-2011
- 2015-2016

Health and Safety Code (HSC) § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute, regulations, and case law, consistent with HSC § 1797.105(b).

### III. Analysis of EMS System Components:

Following are comments related to Mountain-Valley EMS Agency's 2017 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable laws, regulations, case law, and the EMS system components identified in HSC § 1797.103, are indicated below:

- |    | Not<br>Approved                     | Approved                 |   |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u>                  |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u>                     |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u>            |

Based on the documentation provided, please find enclosed the EMS Authority's determination of the exclusivity of Mountain-Valley EMS Agency's ambulance zones.

- |    |                                     |                          |  |
|----|-------------------------------------|--------------------------|--|
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u>          |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u>  |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u>         |

### IV. Conclusion:

Based on the information identified, Mountain-Valley EMS Agency's 2017 EMS Plan is approved.

Pursuant to HSC § 1797.105(b):

*"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."*

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**V. Next Steps:**

Mountain-Valley EMS Agency's next EMS Plan will be due on or before October 31, 2020. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P  
Chief, EMS Systems Division

Enclosure

2017 Mtn. Valley EMS Plan – Transportation  
Approved[illegible]





## 2017 EMS Annual Plan Update

March 28, 2019



### Executive Summary

The Mountain-Valley EMS Agency (MVEMSA) is a regional multi-county Joint Powers Authority (JPA) that serves as the Local EMS Agency (LEMSA) for the counties of Alpine, Amador, Calaveras, Mariposa and Stanislaus. The member counties have delegated all California Health and Safety Code, Division 2.5 and California Code of Regulations responsibilities for a LEMSAs to the MVEMSA.

The Governing Board of Directors for the JPA consists of a County Supervisor from each of the member counties. The EMS system in these counties have been developed through a partnership between the EMS Agency, 9-1-1 Public Services Answering Points (PSAPS), EMS dispatch centers, Basic Life Support (BLS) Fire Department First Responders, Advanced Life Support (ALS) Fire Department First Responders, ambulance providers, base hospitals and specialty centers.

The five counties encompass an area of some 5,300 square miles with a resident population of approximately 632,161 people. The region ranges from remote rural areas to large urban areas. Extremes of weather are characteristic of the area, which encompasses the Sierra Nevada Mountains and the heat of the San Joaquin Valley region. Highway 99, runs through Stanislaus County from Merced County border to San Joaquin County Boarder and Interstate 5 touches the Western portion of Stanislaus County. Interstate 5 and Highway 99 are highly traveled freeways that run north and south through the counties. Some of the areas are densely populated and others are fairly remote with less population. Highway 49 runs through Alpine, Amador, Calaveras and Mariposa Counties. Highway 88 also traverses through Amador and Alpine Counties through farmlands to wilderness areas.

The mission of the Mountain-Valley EMS Agency is to ensure the appropriate provision of quality pre-hospital care services to the public in a cost effective manner as an integrated part of the overall health care

system and to provide the framework for quality emergency medical services to the citizens of Alpine, Amador, Calaveras, Mariposa, and Stanislaus Counties.

MVEMSA, to date, has designated two (2) Level II trauma centers, which are located in Stanislaus County, three (3) STEMI Receiving Centers and three (3) Stroke Receiving Centers. MVEMSA conducts quarterly Trauma Advisory Committees (TAC) and quarterly STEMI/Stroke QI meetings for all system participants. An objective for the Agency, as presented in the System Assessment Form, is to designate a Level III Trauma Center in one of our Mountain Counties.

Approval of CE Programs and EMT Training Programs continue throughout the region along with renewals of the programs every four years. MVEMSA is conducting audits of the approved CE Provider Programs throughout the region. Our providers are currently submitting ePCR data to FirstWatch as it complies with the EMSA statewide data system.

The agency has worked closely with the EMS providers to implement the electronic patient care reporting (ePCR) systems. The prehospital transport agencies utilize proprietary ePCR systems are compliant to the required CEMSIS/NEMSIS versions, which has permitted a more complete submittal of Core Measures data.

The agency work with all EMS ambulance and fire providers to conduct numerous community education programs and events throughout the year. Through the community education program we facilitated teaching 2506 citizens hands-only CPR; including schools, community organizations and a booth at the Stanislaus County Fair. In addition, providers have become active in the Stop the Bleed program in partnership with the 2 Trauma Centers in Stanislaus County. The agency conducted 2 cardiac arrest survivor celebrations attended by over 200 survivors, family members and responders. Lastly, the agency and EMS providers participate in public awareness/education initiatives led by area hospitals including, cardiac and trauma symposiums, Every 15 Minutes and Drug Store programs.

The Agency is working with member counties to complete the inventory of resources and hospital evacuation requirements listed in the System Assessment.

The MVEMSA Executive Director is the MHOAC designee in all 5 member counties secondary to each County Health Officer with county-specific policies to support this function. In addition, MVEMSA provides 24/7/365 EMS Duty Officer coverage to all 5 member counties and also supported by policy. The MVEMSA MHOAC designee and disaster committee actively work with all member counties to implement the 17 functions of CA Health and Safety Code, Division 2.3, Section 1797.153.

Specifics of the Mountain-Valley EMS Agency EMS Plan are contained within the annual EMS Plan update.

The System Assessment Forms to include current status, needs, objectives and time frames are essentially unchanged from the 2016 EMS Plan Update.





# 2017 EMS Plan Update

## Table 1

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**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
<b>Agency Administration:</b>						
1.01	LEMSA Structure		X	N/A		
1.02	LEMSA Mission		X	N/A		
1.03	Public Input		X	N/A		
1.04	Medical Director		X	X		
<b>Planning Activities:</b>						
1.05	System Plan		X	N/A		
1.06	Annual Plan Update		X	N/A		
1.07	Trauma Planning*		X			X
1.08	ALS Planning*		X	N/A		
1.09	Inventory of Resources	X		N/A		X
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
<b>Regulatory Activities:</b>						
1.12	Review & Monitoring		X	N/A		
1.13	Coordination		X	N/A		
1.14	Policy & Procedures Manual		X	N/A		
1.15	Compliance w/Policies		X	N/A		
<b>System Finances:</b>						
1.16	Funding Mechanism		X	N/A		
<b>Medical Direction:</b>						
1.17	Medical Direction*		X	N/A		
1.18	QA/QI		X	X		
1.19	Policies, Procedures, Protocols		X	X		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X	N/A		
1.21	Determination of Death		X	N/A		
1.22	Reporting of Abuse		X	N/A		
1.23	Interfacility Transfer		X	N/A		
<b>Enhanced Level: Advanced Life Support</b>						
1.24	ALS Systems		X	X		
1.25	On-Line Medical Direction		X	X		
<b>Enhanced Level: Trauma Care System:</b>						
1.26	Trauma System Plan		X	N/A		
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
1.27	Pediatric System Plan		X	N/A		
<b>Enhanced Level: Exclusive Operating Areas:</b>						
1.28	EOA Plan		X	N/A		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****B. STAFFING/TRAINING**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X	N/A		
2.02	Approval of Training		X	N/A		
2.03	Personnel		X	N/A		
<b>Dispatchers:</b>						
2.04	Dispatch Training		X	X		
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		X	X		
2.06	Response		X	N/A		
2.07	Medical Control		X	N/A		
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		X	X		
<b>Hospital:</b>						
2.09	CPR Training		X	N/A		
2.10	Advanced Life Support		X	X		
<b>Enhanced Level: Advanced Life Support:</b>						
2.11	Accreditation Process		X	N/A		
2.12	Early Defibrillation		X	N/A		
2.13	Base Hospital Personnel		X	N/A		



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****C. COMMUNICATIONS**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long- range plan
<b>Communications Equipment:</b>						
3.01	Communication Plan*		X	X		
3.02	Radios		X	X		
3.03	Interfacility Transfer*		X	N/A		
3.04	Dispatch Center		X	N/A		
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X	N/A		
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X	N/A		
<b>Resource Management:</b>						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X	N/A		
4.04	Prescheduled Responses		X	N/A		
4.05	Response Time*		X	N/A		
4.06	Staffing		X	N/A		
4.07	First Responder Agencies		X	N/A		
4.08	Medical & Rescue Aircraft*		X	N/A		
4.09	Air Dispatch Center		X	N/A		
4.10	Aircraft Availability*		X	N/A		
4.11	Specialty Vehicles*		X	X		
4.12	Disaster Response		X	N/A		
4.13	Intercounty Response*		X	X		
4.14	Incident Command System		X	N/A		
4.15	MCI Plans		X	N/A		
<b>Enhanced Level: Advanced Life Support:</b>						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X	N/A		
<b>Enhanced Level: Ambulance Regulation:</b>						
4.18	Compliance		X	N/A		
<b>Enhanced Level: Exclusive Operating Permits:</b>						
4.19	Transportation Plan		X	N/A		
4.20	"Grandfathering"		X	N/A		
4.21	Compliance		X	N/A		
4.22	Evaluation		X	N/A		



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**E. FACILITIES/CRITICAL CARE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		X	X		
5.02	Triage & Transfer Protocols*		X	N/A		
5.03	Transfer Guidelines*		X	N/A		
5.04	Specialty Care Facilities*		X	N/A		
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*	X		N/A		X
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X	N/A		
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X	N/A		
5.09	Public Input		X	N/A		
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design		X	N/A		
5.11	Emergency Departments		X	N/A		
5.12	Public Input		X	N/A		
<b>Enhanced Level: Other Specialty Care Systems:</b>						
5.13	Specialty System Design		X	N/A		
5.14	Public Input		X	N/A		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****F. DATA COLLECTION/SYSTEM EVALUATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
6.01	QA/QI Program		X	X		
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X	N/A		
6.05	Data Management System*		X	X		
6.06	System Design Evaluation		X	N/A		
6.07	Provider Participation		X	N/A		
6.08	Reporting		X	N/A		
<b>Enhanced Level: Advanced Life Support:</b>						
6.09	ALS Audit		X	X		
<b>Enhanced Level: Trauma Care System:</b>						
6.10	Trauma System Evaluation		X	N/A		
6.11	Trauma Center Data		X	X		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****G. PUBLIC INFORMATION AND EDUCATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
7.01	Public Information Materials		X	X		
7.02	Injury Control		X	X		
7.03	Disaster Preparedness		X	X		
7.04	First Aid & CPR Training		X	X		



**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES****H. DISASTER MEDICAL RESPONSE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short- range plan	Long-range plan
<b>Universal Level:</b>						
8.01	Disaster Medical Planning*		X	N/A		
8.02	Response Plans		X	X		
8.03	HazMat Training		X	N/A		
8.04	Incident Command System		X	X		
8.05	Distribution of Casualties*		X	X		
8.06	Needs Assessment		X	X		
8.07	Disaster Communications*		X	N/A		
8.08	Inventory of Resources		X	X		
8.09	DMAT Teams		X	X		
8.10	Mutual Aid Agreements*		X	N/A		
8.11	CCP Designation*		X	N/A		
8.12	Establishment of CCPs		X	N/A		
8.13	Disaster Medical Training		X	X		
8.14	Hospital Plans		X	X		
8.15	Interhospital Communications		X	N/A		
8.16	Prehospital Agency Plans		X	X		
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X	N/A		
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X	N/A		
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X	N/A		

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less) OR Long Range (more than one year)	Progress	Objective
1.07	Trauma Planning	Yes	Long-Range	Communications started	Designate a LIII in Mountain Counties
			Long-Range	<p>Communications started. The process was to work with the Health Care Coalition to identify the Resource Inventory of the HPP purchases.</p> <p>Barriers -</p> <p>Alpine County, there are no ALS resources and the system relies on out of county mutual aid.</p> <p>Mariposa, new staff within public health management and emergency management has been reorganized under the direction of the Public Health Officer. The first identified priority was the revision of the EOP. So the disaster inventory documentation is pending until revision of plans.</p> <p>Alpine –</p> <p>The Agency will work with the Public Health Officer to catalog resources by 06/30/2021.</p> <p>Mariposa -</p> <p>The Agency reviewed and</p>	
1.09	Inventory of Resources	No			Alpine & Mariposa – Completion of Resource Inventory by 06/30/2021



				<p>revised the Mass Casualty response section of the EOP. The final completion of the EOP revision is solely dependent on OES. Based on the Agency review we will work with OES to catalog resources by 06/30/2021.</p>	
5.06	Hospital Evacuation	No	Long-Range	<p>The Stanislaus County Health Care Coalition has implemented the use of the ASPIR on-line evacuation tool as a needs assessment. An April 2018 table top is scheduled with coalition stakeholders. The after action report from the April 2018 tabletop will be presented to the mountain county coalitions (Amador, Calaveras &amp; Mariposa) as the first step in county specific plan development.</p> <p>Stanislaus County – the first priority was to create a pediatric surge plan; this has been completed. Additionally, the ASPIR tool will be used at all five (5) acute care hospitals in Stanislaus county. We anticipate a time period of three (3) years, 07/31/2022 to complete a comprehensive evacuation plan. Short-term – gather five (5) acute care hospital</p>	<p>Develop Interim Guidance in FY 20/21 Develop Plan in FY 22/23</p>

			<p>disaster plans to create an interim guidance for the county, anticipate completion by 07/31/2020.</p> <p>Amador, Calaveras &amp; Mariposa Counties - The Coalition within each county will review the Stanislaus County guidance to determine if it is applicable for the rural mountain counties. Review and revisions to be completed by 12/31/2020.</p> <p>Alpine County N/A – no hospital.</p>	



# 2017 EMS Plan Update

## Table 2

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**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT**

Reporting Year: CY 2017

**NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:  
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Alpine

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

County: Amador

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

County: Calaveras

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

County: Mariposa

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

County: Stanislaus

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

2. Type of agency
- a) Public Health Department
  - b) County Health Services Agency
  - c) Other (non-health) County Department
  - d) **Joint Powers Agency**
  - e) Private Non-Profit Entity
  - f) Other: \_\_\_\_\_

3. The person responsible for day-to-day activities of the EMS agency reports to
- a) Public Health Officer
  - b) Health Services Agency Director/Administrator
  - c) Board of Directors
  - d) Other: \_\_\_\_\_

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	<u>  X  </u>
Designation of trauma centers/trauma care system planning	<u>  X  </u>
Designation/approval of pediatric facilities	<u>          </u>
Designation of other critical care centers	<u>  X  </u>
Development of transfer agreements	<u>  X  </u>
Enforcement of local ambulance ordinance	<u>  X  </u>
Enforcement of ambulance service contracts	<u>  X  </u>
Operation of ambulance service	<u>          </u>
Continuing education	<u>  X  </u>
Personnel training	<u>  X  </u>
Operation of oversight of EMS dispatch center	<u>  X  </u>
Non-medical disaster planning	<u>          </u>
Administration of critical incident stress debriefing team (CISD)	<u>          </u>
Administration of disaster medical assistance team (DMAT)	<u>          </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>          </u>
Other: _____	<u>          </u>
Other: _____	<u>          </u>
Other: _____	<u>          </u>



**TABLE 2:      SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**5.    EXPENSES**

Salaries and benefits (All but contract personnel)	\$ 858,840
Contract Services (e.g. medical director)	<u>109,697</u>
Operations (e.g. copying, postage, facilities)	<u>552,994</u>
Travel	<u>8,127</u>
Fixed assets	<u>          </u>
Indirect expenses (overhead)	<u>          </u>
Ambulance subsidy	<u>          </u>
EMS Fund payments to physicians/hospital	<u>          </u>
Dispatch center operations (non-staff)	<u>          </u>
Training program operations	<u>2,141</u>
Other: <u>                                  </u>	<u>          </u>
Other: <u>                                  </u>	<u>          </u>
Other: <u>                                  </u>	<u>          </u>
<b>TOTAL EXPENSES</b>	<b>\$ <u>1,531,799</u></b>

**6.    SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	\$ <u>          </u>
Preventive Health and Health Services (PHHS) Block Grant	<u>          </u>
Office of Traffic Safety (OTS)	<u>          </u>
State general fund	<u>375,346</u>
County general fund	<u>          </u>
Other local tax funds (e.g., EMS district)	<u>          </u>
County contracts (e.g. multi-county agencies)	<u>284,906</u>
Certification fees	<u>71,913</u>
Training program approval fees	<u>2,510</u>
Training program tuition/Average daily attendance funds (ADA)	<u>          </u>
Job Training Partnership ACT (JTPA) funds/other payments	<u>          </u>
Base hospital application fees	<u>          </u>
Trauma center application fees	<u>          </u>
Trauma center designation fees	<u>200,000</u>
Pediatric facility approval fees	<u>          </u>
Pediatric facility designation fees	<u>          </u>

**TABLE 2:      SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Other critical care center application fees	
Type: _____	
Other critical care center designation fees	<u>171,000</u>
Type: <u>Stroke Receiving Center (\$75,000)</u>	
Type : <u>STEMI Receiving Center (\$96,000)</u>	
Ambulance service/vehicle fees	<u>337,744</u>
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: <u>Hospital Preparedness Program (HPP)</u>	<u>65,670</u>
Other fees: <u>Training Fees</u>	<u>6,115</u>
Other (specify): <u>Local Interest</u>	<u>16,595</u>
<b>TOTAL REVENUE</b>	<b>\$ 1,531,799</b>

TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.  
IF THEY DON'T, PLEASE EXPLAIN.

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**7. Fee structure**

       We do not charge any fees

  X   Our fee structure is:

First responder certification	\$ <u>30</u>
EMS dispatcher certification	<u>          </u>
EMT-I certification	<u>125</u>
EMT-I recertification	<u>87</u>
EMT-defibrillation certification	<u>          </u>
EMT-defibrillation recertification	<u>          </u>
AEMT certification	<u>150</u>
AEMT recertification	<u>87</u>
EMT-P accreditation	<u>100</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>100</u>
MICN/ARN recertification	<u>50</u>
EMT-I training program approval	<u>2,500</u>
AEMT training program approval	<u>          </u>
EMT-P training program approval	<u>10,000</u>
MICN/ARN training program approval	<u>750</u>
Base hospital application	<u>          </u>
Base hospital designation	<u>          </u>
Trauma center application	<u>          </u>
Level I	<u>25,000</u>
Level II	<u>25,000</u>
Level III	<u>5,000</u>
Level IV	<u>5,000</u>
Trauma center designation	
Level I	<u>100,000</u>
Level II	<u>100,000</u>
Level III	<u>32,000</u>
Level IV	<u>32,000</u>
Pediatric facility approval	<u>          </u>
Pediatric facility designation	<u>          </u>
Other critical care center application	
Type: <u>STEMI Receiving Center</u>	<u>5,000</u>
Type: <u>Primary Stroke Center</u>	<u>5,000</u>

**TABLE 2:      SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Other critical care center designation	
Type: <u>STEMI Receiving Center</u>	<u>32,000</u>
Type: <u>Primary Stroke Center</u>	<u>25,000</u>
Ambulance service license	_____
Ambulance vehicle permits	_____
Other: <u>Air Ambulance Authorization (In-Region)</u>	<u>5,000</u>
Other: <u>Air Ambulance Authorization (Out-of-Region)</u>	<u>1,000</u>
Other: _____	_____

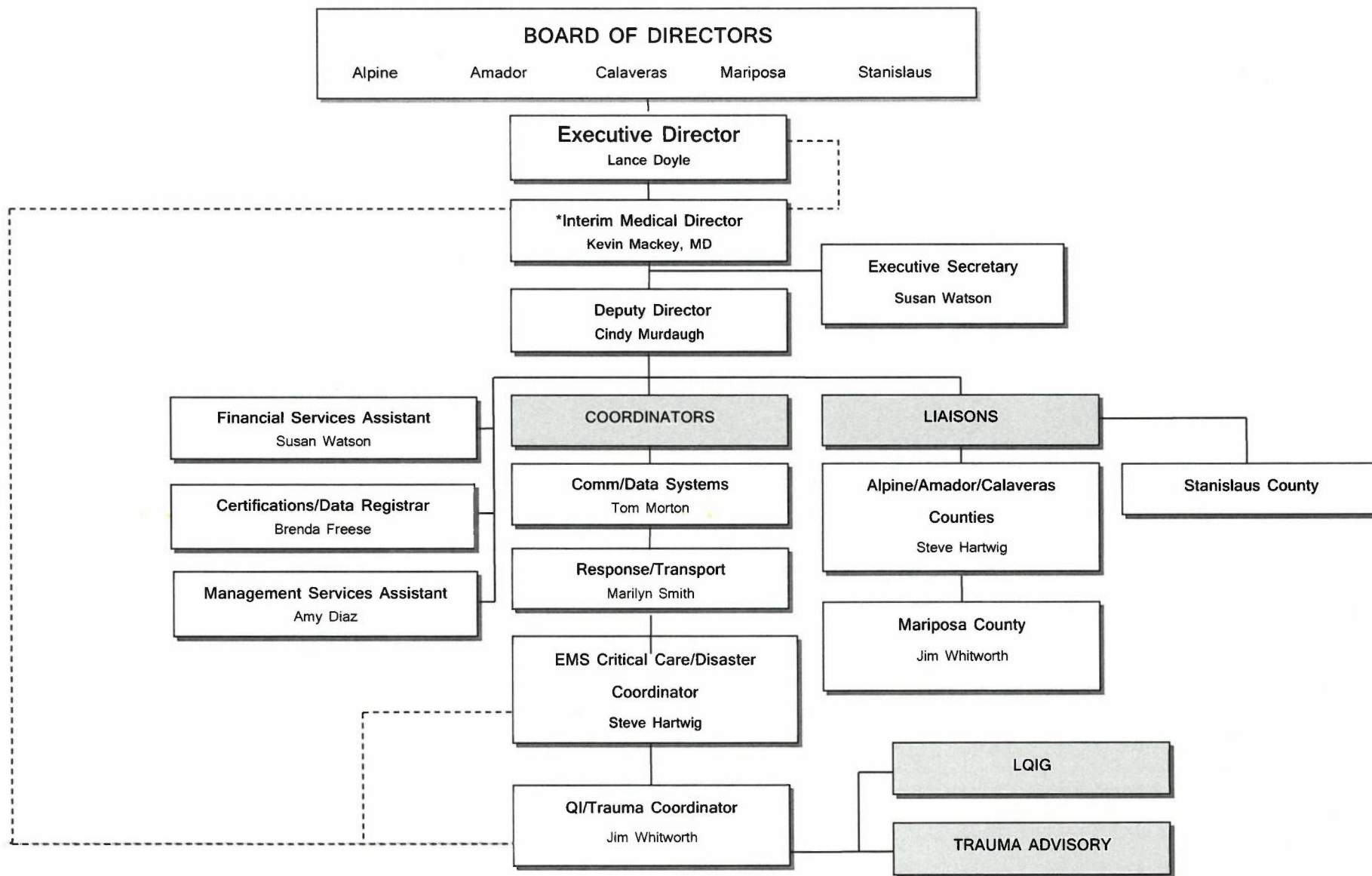


**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1.0	\$54.76		
Asst. Admin./Admin.Asst./Admin. Mgr.	Deputy Director	1.0	\$42.61		
ALS Coord./Field Coord./Trng Coordinator	EMS Critical Care Coordinator	1.0	\$36.68		
Program Coordinator/Field Liaison (Non-clinical)	Response & Transport Coordinator	0.63	\$32.63		
Trauma Coordinator	Trauma Coordinator	0.5	\$45.85		
Medical Director	Medical Director		\$69,691		Independent Contractor
Other MD/Medical Consult/Training Medical Director	Assistant Medical Director		\$3,332		Independent Contractor
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	Communications/Data Systems Analyst	1.0	\$30.95		
QA/QI Coordinator	QI Coordinator	0.5	\$45.85		
Public Info. & Education Coordinator					
Executive Secretary	Executive Secretary	0.5	\$24.79		
Other Clerical	Financial Services Assistant	0.5	\$24.79		
Data Entry Clerk	Management Services Assistant	1.0	\$22.47		

Other

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.





# 2017 EMS Plan Update

## Table 3

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**TABLE 3: STAFFING/TRAINING**

Reporting Year: 2017

**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1277			359
Number newly certified this year	154			56
Number recertified this year	422			132
Total number of accredited personnel on July 1 of the reporting year			329	
Number of certification reviews resulting in:				
a) formal investigations	4			
b) probation	2			
c) suspensions				
d) revocations				
e) denials				
f) denials of renewal				
g) no action taken	2			

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

1277

b) Number of public safety (defib) certified (non-EMT-I)

125

2. Do you have an EMR training program\*

X yes no

\*Agency does not host an EMR program but multiple CE providers have approved programs



# 2017 EMS Plan Update

## Table 4

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#### TABLE 4: COMMUNICATIONS

**Note:** Table 4 is to be answered for each county.

County: Alpine County

Reporting Year: 2017

- |   |                                   |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP)   | <u>1</u>                          |
| 2. Number of secondary PSAPs  | <u>0</u>                          |
| 3. Number of dispatch centers directly dispatching ambulances   | <u>0</u>                          |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines   | <u>0</u>                          |
| 5. Number of designated dispatch centers for EMS Aircraft   | <u>0</u>                          |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>Alpine County Sheriff Department</u> |                                   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Alpine County Sheriff Department</u>             |                                   |
| 8. Do you have an operational area disaster communication system?   | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>154.100/153.800</u>   |                                   |
| b. Other methods <u>RACES</u>   |                                   |
| c. Can all medical response units communicate on the same disaster communications system?                     | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System                                    | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services                                   | X Yes <input type="checkbox"/> No |
| 1) Within the operational area?   | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?  | X Yes <input type="checkbox"/> No |

#### TABLE 4: COMMUNICATIONS

**Note:** Table 4 is to be answered for each county.

County: Amador County

Reporting Year: CY 2017

- |   |                                   |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP)                               | <u>1</u>                          |
| 2. Number of secondary PSAPs  | <u>0</u>                          |
| 3. Number of dispatch centers directly dispatching ambulances                             | <u>1</u>                          |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines                               | <u>1</u>                          |
| 5. Number of designated dispatch centers for EMS Aircraft                                 | <u>0</u>                          |
| 6. Who is your primary dispatch agency for day-to-day emergencies?                        |                                   |
| <u>Amador County Sheriff Department</u>   |                                   |
| 7. Who is your primary dispatch agency for a disaster?                                    |                                   |
| <u>Amador County Sheriff Department</u>   |                                   |
| 8. Do you have an operational area disaster communication system?                         | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>467.975/462.975</u>   |                                   |
| b. Other methods <u>RACES</u>   |                                   |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System                | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services               | X Yes <input type="checkbox"/> No |
| 1) Within the operational area?   | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?                                    | X Yes <input type="checkbox"/> No |



#### TABLE 4: COMMUNICATIONS

**Note:** Table 4 is to be answered for each county.

County: Calaveras County

Reporting Year: CY 2017

- |   |                                   |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP)                               | <u>1</u>                          |
| 2. Number of secondary PSAPs  | <u>0</u>                          |
| 3. Number of dispatch centers directly dispatching ambulances                             | <u>1</u>                          |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines                               | <u>1</u>                          |
| 5. Number of designated dispatch centers for EMS Aircraft                                 | <u>0</u>                          |
| 6. Who is your primary dispatch agency for day-to-day emergencies?                        |                                   |
| <u>Calaveras County Sheriff's Department</u>  |                                   |
| 7. Who is your primary dispatch agency for a disaster?                                    |                                   |
| <u>Calaveras County Sheriff's Department</u>  |                                   |
| 8. Do you have an operational area disaster communication system?                         | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>468.950/462.950</u>   |                                   |
| b. Other methods <u>RACES</u>   |                                   |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System                | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services               | X Yes <input type="checkbox"/> No |
| 1) Within the operational area?   | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?                                    | X Yes <input type="checkbox"/> No |

#### TABLE 4: COMMUNICATIONS

**Note:** Table 4 is to be answered for each county.

County: Mariposa County

Reporting Year: CY 2017

- |   |                                   |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP)                               | <u>1</u>                          |
| 2. Number of secondary PSAPs  | <u>1</u>                          |
| 3. Number of dispatch centers directly dispatching ambulances                             | <u>1</u>                          |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines                               | <u>1</u>                          |
| 5. Number of designated dispatch centers for EMS Aircraft                                 | <u>0</u>                          |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>CalFire ECC</u>  |                                   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>CalFire ECC</u>              |                                   |
| 8. Do you have an operational area disaster communication system?                         | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>159.390/151.460</u>   |                                   |
| b. Other methods <u>RACES</u>   |                                   |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System                | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services               | X Yes <input type="checkbox"/> No |
| 1) Within the operational area?   | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?                                    | X Yes <input type="checkbox"/> No |

#### TABLE 4: COMMUNICATIONS

**Note:** Table 4 is to be answered for each county.

County: Stanislaus County

Reporting Year: CY 2017

- |  |                                   |
|--|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP)  | <u>4</u>                          |
| 2. Number of secondary PSAPs   | <u>1</u>                          |
| 3. Number of dispatch centers directly dispatching ambulances  | <u>1</u>                          |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines  | <u>1</u>                          |
| 5. Number of designated dispatch centers for EMS Aircraft  | <u>2</u>                          |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>Valley Regional Emergency Communications Center (VRECC)</u> |                                   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Valley Regional Emergency Communications Center (VRECC)</u>             |                                   |
| 8. Do you have an operational area disaster communication system?  | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>157.6125/463.00</u>  |                                   |
| b. Other methods <u>RACES</u>  |                                   |
| c. Can all medical response units communicate on the same disaster communications system?  | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System   | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services  | X Yes <input type="checkbox"/> No |
| 1) Within the operational area?  | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?   | X Yes <input type="checkbox"/> No |



# 2017 EMS Plan Update

## Table 5

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**TABLE 5: RESPONSE/TRANSPORTATION**Reporting Year: CY 2017**Note:** Table 5 is to be reported by agency.**Early Defibrillation Providers**1. Number of EMT-Defibrillation providers 36**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes:

ALPINE COUNTY	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	ASAP	ASAP	ASAP	ASAP

AMADOR COUNTY	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	12:00	20:00/30:00	ASAP	N/A

CALAVERAS COUNTY	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	13:00/20:00	13:00/20:00	N/A	N/A

**MARIPOSA COUNTY**

	<b>METRO/URBAN</b>	<b>SUBURBAN/ RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	8:00	12:00/20:00	ASAP	N/A

**STANISLAUS COUNTY**

	<b>METRO/URBAN</b>	<b>SUBURBAN/ RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
BLS and CPR capable first responder	ASAP	ASAP	ASAP	ASAP
Early defibrillation responder	ASAP	ASAP	ASAP	ASAP
Advanced life support responder	ASAP	ASAP	ASAP	ASAP
Transport Ambulance	7:30	11:30/19:30	ASAP	N/A



# 2017 EMS Plan Update

## Table 6

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## TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2017

**NOTE:** Table 6 is to be reported by agency.

### Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>N/A*</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>2262</u>
3. Number of major trauma patients transferred to a trauma center	<u>458</u>
4. Number of patients meeting triage criteria who weren't treated at a trauma center	<u>Unknown</u>

### Emergency Departments

Total number of emergency departments	<u>8</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>0</u>
3. Number of basic emergency services	<u>8</u>
4. Number of comprehensive emergency services	<u>0</u>

### Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>0</u>
2. Number of base hospitals with written agreements	<u>8</u>

\*Trauma Centers do not capture this





# 2017 EMS Plan Update

## Table 7

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## TABLE 7: DISASTER MEDICAL

Reporting Year: 2017 \_\_\_\_\_

County: Alpine

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Woodsfords Fire Dept and Turtle Creek \_\_\_\_\_
  - b. How are they staffed? County Staff and Mutual Aid \_\_\_\_\_
  - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD  
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☐ Yes ☒ No
  - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
  - c. Are they available for statewide response? ☐ Yes ☒ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
  - b. At what HazMat level are they trained? N/A \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? ☐ Yes ☒ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☐ Yes ☒ No
  - b. exercise? ☐ Yes ☒ No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
\_N/A\_\_\_\_\_
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☐ Yes ☒ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes ☒ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☒ Yes ☐ No
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2017 \_\_\_\_\_

County: Amador

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? American Legion Hall post 108, Sutter Creek \_\_\_\_\_
  - b. How are they staffed? County Staff and Mutual Aid \_\_\_\_\_
  - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD  
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☐ Yes ☒ No
  - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
  - c. Are they available for statewide response? ☐ Yes ☒ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 2
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☐ Yes ☒ No
  - b. exercise? ☒ Yes ☐ No



**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:

\_\_\_\_\_

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes ☒ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☒ Yes ☐ No
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2017 \_\_\_\_\_

County: Calaveras \_\_\_\_\_

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Frogtown Fairgrounds \_\_\_\_\_
  - b. How are they staffed? County Staff and Mutual Aid \_\_\_\_\_
  - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD  
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☐ Yes ☒ No
  - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
  - c. Are they available for statewide response? ☐ Yes ☒ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 2
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☐ Yes ☒ No
  - b. exercise? ☒ Yes ☐ No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
\_\_\_\_\_
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? X Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? X Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? X Yes ☐ No
8. Are you a separate department or agency? X Yes ☐ No
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? X Yes ☐ No

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2017

County: Mariposa

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Coulterville and Mariposa Airport \_\_\_\_\_
  - b. How are they staffed? County Staff and Mutual Aid \_\_\_\_\_
  - c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No
2. CISD  
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☐ Yes ☒ No
  - b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No
  - c. Are they available for statewide response? ☐ Yes ☒ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? \_\_\_\_\_
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☐ Yes ☒ No
  - b. exercise? ☐ Yes ☒ No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
\_\_\_\_\_
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes ☒ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☒ Yes ☐ No
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No



## TABLE 7: DISASTER MEDICAL

Reporting Year: 2017

County: Stanislaus

**NOTE:** Table 7 is to be answered for each county.

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

a. Where are your CCPs located? Turlock Fairgrounds and Hammond Senior Center Patterson

b. How are they staffed? County Staff and Mutual Aid

c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ☒ No

2. CISD

Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No

3. Medical Response Team

a. Do you have any team medical response capability? ☐ Yes ☒ No

b. For each team, are they incorporated into your local response plan? ☐ Yes ☒ No

c. Are they available for statewide response? ☐ Yes ☒ No

d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No

4. Hazardous Materials

a. Do you have any HazMat trained medical response teams? ☐ Yes ☒ No

b. At what HazMat level are they trained?

c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No

d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 8

3. Have you tested your MCI Plan this year in a:

a. real event? ☐ Yes ☒ No

b. exercise? ☒ Yes ☐ No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
\_\_\_\_\_
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☒ Yes ☐ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☒ Yes ☐ No
9. If not, to whom do you report? \_\_\_\_\_
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☒ Yes ☐ No



# 2017 EMS Plan Update

## Table 8

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**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Stanislaus **Provider:** American Medical Response **Response Zone:** 1,3 , 8

**Address:** 4846 Stratos Way **Number of Ambulance Vehicles in Fleet:** 34  
Modesto, CA 95355

**Phone Number:** 209-567-4030 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 16

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

67768 Total number of responses  
56300 Number of emergency responses  
10468 Number of non-emergency responses

50563 Total number of transports  
42830 Number of emergency transports  
7733 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Stanislaus **Provider:** Oak Valley Ambulance **Response Zone:** 4, D

**Address:** 350 Oak St. **Number of Ambulance Vehicles in Fleet:** 5  
Oakdale, CA 95361

**Phone Number:** 209-847-3011 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport Ground <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Hospital</u>	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

6163 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

4277 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

County: Stanislaus Provider: Patterson District Ambulance Response Zone: 5

Address: 875 E. St. Number of Ambulance Vehicles in Fleet: 4  
Patterson, CA 95363

Phone Number: 209-892-2618 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>_Hospital_</u>	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

2466 Total number of responses  
           Number of emergency responses  
           Number of non-emergency responses

1543 Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

**Air Ambulance Services**

           Total number of responses  
           Number of emergency responses  
           Number of non-emergency responses

           Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Stanislaus **Provider:** Pro-Transport1 **Response Zone:** C

**Address:** 2633 Tully Rd  
Hughson, CA 95326

**Phone Number:** 800-650-4003

**Number of Ambulance Vehicles in Fleet:** 4

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** Two (2)

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport Ground <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 X <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

1307 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

940 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Stanislaus **Provider:** Westside Community Ambulance **Response Zone:** A

**Address:** 151 S. Highway 33 **Number of Ambulance Vehicles in Fleet:** 3  
Newman, CA 95361

**Phone Number:** 209-862-2951 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Hospital</u>	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

1241 Total number of responses  
           Number of emergency responses  
           Number of non-emergency responses

859 Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

**Air Ambulance Services**

           Total number of responses  
           Number of emergency responses  
           Number of non-emergency responses

           Total number of transports  
           Number of emergency transports  
           Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Stanislaus **Provider:** Modesto Fire Department **Response Zone:** Modesto City

**Address:** 600 11<sup>th</sup> Street  
Modesto, CA 95354

**Phone Number:** 209-572-9590

**Number of Ambulance Vehicles in Fleet:** 0

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Stanislaus **Provider:** Patterson Fire Department **Response Zone:** Patterson City

**Address:** 344 W. Las Palmas Ave.  
Patterson, CA 95363

**Phone Number:** 209-895-8130

**Number of Ambulance Vehicles in Fleet:** 0

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Stanislaus **Provider:** Air Methods/Mercy Air **Response Zone:** \_\_\_\_\_

**Address:** 5500 S Quebec St #300  
Greenwood Village, CO 80111

**Phone Number:** 303-792-7400

**Number of Ambulance Vehicles in Fleet:** 1

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

127 Total number of responses  
 127 Number of emergency responses  
 0 Number of non-emergency responses

199 Total number of transports  
 199 Number of emergency transports  
 0 Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Stanislaus **Provider:** PHI Air Medical **Response Zone:** \_\_\_\_\_

**Address:** 801 Airport way # A  
Modesto, Ca 95354

**Number of Ambulance Vehicles in Fleet:** 1

**Phone Number:** 209-550-0881

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

### Transporting Agencies

\_\_\_\_ Total number of responses  
 \_\_\_\_ Number of emergency responses  
 \_\_\_\_ Number of non-emergency responses

\_\_\_\_ Total number of transports  
 \_\_\_\_ Number of emergency transports  
 \_\_\_\_ Number of non-emergency transports

### Air Ambulance Services

801 Total number of responses  
 801 Number of emergency responses  
 0 Number of non-emergency responses

201 Total number of transports  
 201 Number of emergency transports  
 0 Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Amador **Provider:** American Legion Ambulance **Response Zone:** 1-15

**Address:** PO Box 100 **Number of Ambulance Vehicles in Fleet:** 11  
Sutter Creek, CA 95685

**Phone Number:** 209-223-2963 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** Six (6)

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport Ground <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

7029 Total number of responses  
5413 Number of emergency responses  
1616 Number of non-emergency responses

5883 Total number of transports  
4267 Number of emergency transports  
1616 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Calaveras **Provider:** American Legion Ambulance **Response Zone:** North, South

**Address:** PO Box 100 **Number of Ambulance Vehicles in Fleet:** 7  
Sutter Creek, CA 95685

**Phone Number:** 209-223-2963 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** Four (4)

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport Ground <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

4688 Total number of responses  
3903 Number of emergency responses  
785 Number of non-emergency responses

2858 Total number of transports  
785 Number of emergency transports  
3643 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Calaveras **Provider:** Ebbetts Pass Fire District **Response Zone:** East

**Address:** PO Box 66 **Number of Ambulance Vehicles in Fleet:** 5  
Arnold, CA 95223

**Phone Number:** 209-795-1646 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** Three (3)

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

742 Total number of responses  
742 Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

742 Total number of transports  
742 Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Calaveras **Provider:** Copperopolis Fire protection District **Response Zone:** South

**Address:** PO Box 131-370 Main St.  
Copperopolis, CA 95228

**Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 209-785-2393

**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Transport  <input checked="" type="checkbox"/> Non-Transport         </div> <div> <input checked="" type="checkbox"/> ALS  <input checked="" type="checkbox"/> BLS         </div> <div> <input checked="" type="checkbox"/> 9-1-1  <input type="checkbox"/> 7-Digit  <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </div> <div> <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Air  <input type="checkbox"/> Water         </div> </div>	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> City  <input type="checkbox"/> State  <input type="checkbox"/> Federal         </div> <div> <input type="checkbox"/> County  <input checked="" type="checkbox"/> Fire District         </div> </div>	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

248 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

0 Total number of transports  
0 Number of emergency transports  
0 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Mariposa **Provider:** Mercy Medical Transport **Response Zone:** County EOA

**Address:** PO Box 5004 **Number of Ambulance Vehicles in Fleet:** 5  
Mariposa, CA 95338

**Phone Number:** 209-966-5762 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** Three (3)

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

2532 Total number of responses  
2532 Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

2052 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**TABLE 8: Response/Transportation/Providers**

**Note:** Table 8 is to be completed for each provider by county. Make copies as needed.

**County:** Stanislaus 2017 **Provider:** Stanislaus Consolidated Fire **Response Zone:** Protection District

**Address:** 3324 Topeka St  
Riverbank, CA 95367  
**Phone Number:** 209-869-7470  
**Number of Ambulance Vehicles in Fleet:** 0  
**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

**Transporting Agencies**

Not reported	Total number of responses		Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

**Air Ambulance Services**

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency

**Area or subarea (Zone) Name or Title:**

Alpine County

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance services in this zone is Alpine County EMS. This provider has provided emergency ambulance services, as a first responder, without interruption since June, 1998. Alpine County continues to depend upon mutual aid response for ALS ambulance services. ALS ambulances are dispatched from surrounding counties and either rendezvous with the Alpine County EMS ambulance, arrive on scene, or be canceled.

**Area or subarea (Zone) Geographic Description:**

Alpine County

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Not Applicable



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency – Calaveras County

**Area or subarea (Zone) Name or Title:**

North Zone – Calaveras County

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Legion Post Number 108 began providing service in the North Zone on July 1, 2005, after winning a competitive bid process. American Legion Ambulance was the successful bidder through a competitive bid process conducted in 2014 and continued providing service under a new agreement beginning July 1, 2015.

**Area or subarea (Zone) Geographic Description:**

The North Zone is generally the north and northwest portions of the county, including the towns of West Point, Valley Springs, Mokulemne Hill, Jenny Lind, and San Andreas. It is bordered on the north and west by Amador San Joaquin, and Stanislaus county lines, the southeast by the border of the Ebbett's Pass Fire District, and on the south by a line that is coincident with the southern boundary of the Sheep Ranch, San Andreas, Valley Springs Community Areas, until the intersection of the southern boundary of the Foothill Fire Protection District, then west to the Stanislaus county line.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance; All Emergency Ambulance Services, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Ambulance, All CCT Ambulance Services, BLS Non-Emergency & Inter-Facility Transport (IFT), Standby Service with Transport Authorization

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Competitive Bid Process determined by RFP (#2014-01) Contract term: 6/1/2015 – 6/30/2020.



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency – Calaveras County

**Area or subarea (Zone) Name or Title:**

The East Zone is the Ebbett's Pass Fire District, generally described as the eastern portion of the county, bounded on the south by the Tuolumne county line, the east by the Alpine county line, north by Amador county line, and the west generally on the line beginning at the point due north of the Blue Mountain at the Amador County line, west to Mineral Mountain Road, then generally southward following the native geography to a point at Utica Powerhouse Road and Hwy 4, then generally south and east to a point on the county line at the West Fork of the Stanislaus River in the vicinity of West Pennsylvania Gulch Road

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Ebbett's Pass Fire Protection District

**Area or subarea (Zone) Geographic Description:**

The East Zone is the Ebbett's Pass Fire District, generally described as the eastern portion of the county, bounded on the south by the Tuolumne county line, the east by the Alpine county line, the north by the Amador county line, and the west generally on a line beginning at a point due north of Blue Mountain at the Amador County line, west to Mineral Mountain Road, then generally southward following the native geography to a point at Utica Powerhouse Road and Hwy. 4, then generally south and east to a point on the county line at the West Fork of the Stanislaus River in the vicinity of West Pennsylvania Gulch Road.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance; All Emergency Ambulance Services, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Ambulance, All CCT Ambulance Services, BLS Non-Emergency Service & InterFacility Transfer (IFT), Standby Service with Transport Authorization.

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Competitive Bid Process determined by RFP (#2014-01) Contract term: 6/1/15 - 6/30/2020

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency

**Area or subarea (Zone) Name or Title:**

South Zone – Calaveras County

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Legion Post Number 108 began providing service in the South Zone on July 1, 2005, after winning a competitive bid process. American Legion Ambulance was the successful bidder through a competitive bid process conducted in 2014 and continued providing service under a new agreement beginning July 1, 2015.

**Area or subarea (Zone) Geographic Description:**

The South Zone is generally the southwestern portion of the county, including the towns of Murphys, Copperopolis, Altaville, Milton, and the City of Angels Camp. It is bounded on the northeast by the Ebbett's Pass Fire District, southeast by the Stanislaus county line, southwest by the Tuolumne county line, and the north by a line that is coincident with the southern boundary of the Sheep Ranch, San Andreas, Valley Springs Community Areas, until the intersection of the southern boundary of the Foothill Fire Protection District, then west to the Stanislaus county line.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Exclusive

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Emergency Ambulance; All Emergency Ambulance Services, 9-1-1 Emergency Response, 7-Digit Emergency Response, ALS Ambulance, All CCT Ambulance Services, BLS Non-Emergency Service & InterFacility Transfer (IFT), Standby Service with Transport Authorization.

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Competitive Bid Process determined by RFP (#2014-01) Contract term: 6/1/2015 – 6/30/2020.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency – Mariposa County

**Area or subarea (Zone) Name or Title:**

Mariposa County

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance services and Advanced Life Support Services in Mariposa County is Mercy Medical Transport (MMT). MMT has provided ambulance services in Mariposa County since January 1, 1994.

**Area or subarea (Zone) Geographic Description:**

Mariposa County

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Non-Exclusive

**Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Not Applicable



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency

**Area or subarea (Zone) Name or Title:**

Zone 1

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

American Medical Response, Inc. provided emergency ambulance services without interruption from 1958 through 1994.

American Medical Response became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 Emergency Medical Services Inc. technically intact but with American Medical Response as the lead company.

**Area or subarea (Zone) Geographic Description:**

Zone 1 is in north central Stanislaus County encircling the City of Modesto. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at a point directly north of Oakdale Road on the border of Stanislaus county adjacent to San Joaquin County northwest of the City of Riverbank, the line proceeds west southwesterly along the county line to the confluence of the San Joaquin River and the Tuolumne river; southeasterly along the Tuolumne River and continuing east northeasterly along the Tuolumne River to a point south of Goodwin Road; northerly to Yosemite Blvd; westerly along Yosemite Blvd to Wellsford Road; northerly along Wellsford Road to Milnes Road; northwesterly along Santa Fe tracks to Claribel Road; westerly along Claribel Road to Oakdale Road; then northerly along Oakdale Road to the Stanislaus County line adjacent to San Joaquin County northwest of the City of Riverbank at a point directly north of Oakdale Road.

**DEMOGRAPHIC ZONE GRID DESCRIPTIONS**

**URBAN**

D441 – D442, D541 – D544, D641 – D644, E134 – E146, E234 – E251, E333 - E351, E432 – E452, E536- E553, E635 - E646, E652, F135 - F142, F144 - F146, F235, F241 – F242

**SUBURBAN**

D443-D444, D536, D633 – D636, E133, E232 - E233, E331 – E332, E352, E431, E531 - E535, E453 E634, E653 - E654, F134, F234,

**RURAL**

D533 - D535, D626 - D632, E126 - E132, E225 – E231, E326, E426, E526, E353, E626 - E633, E651, F126 - F133, F151 - F152, F231 – F233, F 331 - F334, F432

**WILDERNESS**

D341 - D343, D432-D433, D435 – D436, D532, E124 - E125, E222 – E224, E322 – E325, E422– E425, E522 – E525, E622 - E625, F124 - F125, F225 - F226

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

**Exclusive**

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

911 Emergency Medical Services, Inc. and Doctors Ambulance of Modesto were "Grandfathered" into Zone One as providers of emergency ground ambulance services pursuant to a shared ambulance provider agreement for Zone One with an agreement start date of July 1, 1992. 911 Emergency Medical Services, Inc. has provided uninterrupted emergency ground ambulance services in this zone since 1958. The company provided Advanced Life Support ambulance services from 1973 to the present. Doctors Ambulance Company of Modesto began providing emergency ground ambulance service in Zone One in 1970 and began providing ALS ambulance services in 1973. Doctors Ambulance Company was dissolved as a corporate entity in July of 1995 and pursuant to the Zone One ambulance agreement, which agreement reverted entirely to American Medical Response. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone One through the present. The provision of ALS, and BLS emergency and non-emergency service has been solely provided by American Medical Response, and the companies which they purchased. The provision of IFT's has been provided by American Medical Response, and the companies which they purchased.



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency

**Area or subarea (Zone) Name or Title:**

Zone 8

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance services Zone 8 is American Medical Response (AMR).

Turlock Ambulance Service, Inc (TAS) provided service without interruption from 1964 through October, 1995, when AMR absorbed TAS as a corporate entity. AMR has provided emergency ground ambulance services since October, 1995.

**Area or subarea (Zone) Geographic Description:**

Zone 8 is in the south central area of Stanislaus County encircling the City of Turlock. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing on the border of Stanislaus County adjacent to Merced County where the San Joaquin River enters the County; then northeasterly along the County line to a point where Keyes Road exits the County; then westerly along Keyes Road to Hickman Road; then northerly along Hickman Road to Whitmore Road; then westerly along Whitmore Road to a point just east of Downie Road; then southerly to a point east of Service Road; then westerly along Service Road to Waring Road; then southerly along Waring Road to Keyes Road; then westerly along Keyes Road to Mountain View Road; then northerly along Mountain View Road to Grayson Road; then westerly along Grayson Road to Washington Road; then southerly along Washington Road to Keyes Road; then westerly along Keyes Road to Moffet Road; then southerly along Moffet Road to Taylor Road; then westerly along Taylor Road to Crows Landing Road; then southerly along Crows Landing Road to the San Joaquin River; then southerly along the San Joaquin River to the County line.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

F552, F646 – F653, F661, G152 – G162, G252 – G261, G352 – G361, G451 – G461, G552 – G556, G652- G656

SUBURBAN

F461 - F462, F561 – F562, F645, F654 – F656, F662, G143 – G151, G163, G243 – G251, G262, G343 - G351, G362, G443 - G446, G462, G544- G551, G561, G644 - G651, H144– H154

RURAL

F363, F463, F563, F663 - F666, G164 - G171, G263 – G266, G363 - G365, G463, G542 - G543, G642 - G643, H142 - H143, H242 – H245, H251, H344 - H345

WILDERNESS

F671 - F676, G172 - G174, G271 – G272 G366, G464, G562, H246, H252, H342 - H343, H346, H442 – H444

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

**Exclusive**

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Turlock Ambulance Service, Inc. was "Grandfathered" into Zone Eight as a provider of emergency ground ambulance services pursuant to an agreement with a start date of September 1, 1992. Turlock Ambulance Service, Inc. provided Advanced Life Support ambulance services from 1973 to October of 1995. American Medical Response absorbed the corporate entity, "Turlock Ambulance Service" in October, 1995, and continues to provide ambulance services in Zone Eight to the present.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency

**Area or subarea (Zone) Name or Title:**

Zone 5

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Del Puerto Health Care District has provided Paramedic level emergency ground services since 1978

**Area or subarea (Zone) Geographic Description:**

Zone 5 is in northwestern Stanislaus County encircling the City of Patterson. It is depicted on the map that follows this AZF and is specifically described as follows:

Commencing on the border of Stanislaus County adjacent to San Joaquin County at the San Joaquin River, the line proceeds southwesterly along the county line; then southerly along the county line approximately 3 miles southeast of the point where Del Puerto Canyon Road leaves the county; then easterly to a point on Highway 33 at Anderson Road; then northwesterly along Highway 33 to J.T. Crow Road; then northeasterly along J.T. Crow Road/L.B. Crow Road to the San Joaquin River; then northerly along the San Joaquin River to Carpenter Road; then northerly along Carpenter Road to Monte Vista Avenue; then westerly along Monte Vista Avenue to Jennings Road; southerly along Jennings Road to West Main; westerly along West Main to the San Joaquin River; northerly along the San Joaquin River to Del Puerto Creek; from Del Puerto Creek to the juncture of Keyes Road and Laird Road; northerly along Laird Road to Grayson Road; westerly on Grayson Road to a point west of Broyle Road; northerly to the Tuolumne River; northwesterly along the Tuolumne River to its confluence with the San Joaquin River; then northwesterly along the San Joaquin River to the County line.

**DEMOGRAPHIC ZONE GRID DESCRIPTION**

**URBAN**

G331 – G332, G426-G434, G525-G533, G625 – G633, H133

**SUBURBAN**

G226 – G232, G326, G333 - G334, G425, G435, G524, G534, G624, G634, H125 – H132, H134, H233

**RURAL**

E615 - E622, F115 – F122, F213 - F222, F231, F314-F322, F331 – F332, F415-F432, F515 – F532, F615-F632, G122- G132, G223- G225, G233 -G236, G323 – G325, G335 - G336, G423 – G424, G436, G523, G535 - G536, G623, G635- G641, H 124, H135 - H141, H225 – H232, H234 – H242, H333-H342, H416 – H421, H433 - H442, H533 – H541, H634 - H636

**WILDERNESS**

E416 - E421, E515 - E522, E614, E623 – E624, F113 – F114, F123 – F125, F212 , F223 – F226, F311-F313, F323-F326, F410-F414, F509-F514, F608-F614, G107-G121, G206-G222, G305-G322, G404-G422, G505 – G522, G605-G622, H106 – H123, H205 – H224, H305 –H332, H406- H432, H508-H532, H608 - H633



**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

**Exclusive**

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of the ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Stanislaus County Board of Supervisors at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (also shown on the map).

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Provider was "Grandfathered." Del Puerto Health Care District provided uninterrupted service and no change in manner and scope since before January 1, 1981 as shown below:

In 1973, Del Puerto Health Care District took over operation of emergency ground ambulance services and was staffed at the EMT level. In 1978, their medical scope of practice changed to Paramedic. Del Puerto Healthcare District has been the sole provider of ALS and BLS services in Zone 5. IFTs were provided by Del Puerto Healthcare District until such time that the hospital located within Zone 5 was closed. On January 1, 1980, Del Puerto Health Care District contracted with Memorial Hospital Association (M.M.H.) of Modesto to provide emergency ground ambulance services at the Paramedic level. A copy of that contract indicates that although day to day operations were provided by M.M.H., Del Puerto Health Care District remained responsible for policy level decisions. In 1986, the Del Puerto Health Care District resumed operating its own ambulance (Patterson District Ambulance) for emergency ground ambulance services at the Paramedic level which has continued to the present. The emergency response system is activated through 9-1-1 Emergency Response.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency

**Area or subarea (Zone) Name or Title:**

Zone B

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Currently there are two providers of emergency ground ambulance services in this zone. Del Puerto Hospital District has provided emergency ambulance services without interruption since 1985. American Medical Response began providing coverage in this zone in November 2007.

**Area or subarea (Zone) Geographic Description:**

Zone B is an area of approximately twenty square miles located in a lightly populated area shaped like an upside down inverted "L" which is nearly equidistant to the cities of Turlock in the east, Patterson in the west, and Ceres in the north. Its boundaries are specifically described as follows:

Commencing in northwestern corner at the junction of Laird Road and Keyes Road, east to Carpenter Road; south on Carpenter Road to Taylor Road; east on Taylor Road to Crows Landing Road; south on Crows Landing Road to Carpenter Road; north on Carpenter Road to Monte Vista Road; west on Monte Vista Road to the end of the road and continue in a straight line to the San Joaquin River; north east along the San Joaquin River to the Del Puerto Creek confluence; northeasterly to the Keyes Road and Laird Road Juncture.

**AMERICAN MEDICAL RESPONSE GRID RESPONSIBILITY**

**SUBURBAN**

G142, G242, G342, G442

**RURAL**

G542, G642, H142, H242

**DEL PUERTO HOSPITAL DISTRICT RESPONSE GRID RESPONSIBILITY**

**RURAL**

F632 – F636, G132 - G141, G241, G341, G441, G541, G641, H141, H241

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and **non-exclusive** operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).



**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Type of Exclusivity: Non-Exclusive**

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

Turlock Ambulance Service and Mobile Life Support provided emergency ground ambulance services in different sections of Zone B prior to 1980 and until 1988. Del Puerto Hospital District became the provider of emergency ground ambulance services for the area of Zone B in 1988. In November 2007, American Medical Response became responsible for also responding to portions of Zone B. Zone B will only become an exclusive operating area following a competitive bid process.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency

**Area or subarea (Zone) Name or Title:**

Zone D

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance service in this zone is Oak Valley District Hospital

**Area or subarea (Zone) Geographic Description:**

Zone D is in the eastern apex of Stanislaus County encircling the City of Waterford. It is depicted on the maps attached as Exhibit A and is specifically described as follows:

Commencing on the Stanislaus County line adjacent to Merced County at the point where Keyes Road exits the County; then northeasterly and northwesterly along the County line to a point east and on line with Warnerville Road; then westerly along Cooperstown/Warnerville Road to Tim Bell Road; then southerly on Tim Bell Road to Claribel Road; then westerly on Claribel Road to Crow Road; then southerly on Crow Road to Milnes Road; then westerly on Milnes Road to Wellsford Road; then southerly on Wellsford Road to Highway 132; then easterly on Highway 132 to Goodwin Road; then southerly to the Tuolumne River; then easterly along the Tuolumne River to the northern end of Swanson Road; then curving southerly to Virginia Road and Whitmore Road; then easterly along Whitmore Road to Hickman Road; then southerly along Hickman Road to Keyes Road; then easterly along Keyes Road to the County line.

**DEMOGRAPHIC ZONE GRID DESCRIPTIONS**

**URBAN**

E463, E562-564, E661 - E664, F164

**SUBURBAN**

E363, E453, E462, E464, E554 – E561, E565, E654 - E656, E665, F162 - F163, F165, F264

**RURAL**

E162, E262 – E263, E266, E353 - E362, E364 - E371, E454 -E461, E465-E471, E566-E571, E666-E673, F154 – F161, F166 – F174, F263, F265 -F266, F364 – F365, F464 F465, F564 – F565

**WILDERNESS**

D482 – D484, D572-D585, D671-D686, E163-E191, F264-E265, E271 – E292, E372-E393, E472- E494, E572 – E595, E674 -E695, F175 - F194, F271-F292, F366- F386, F466-F484, F566-F582

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Non-Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled

"Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map). Waterford Community Ambulance began providing emergency ambulance services in 1962 and provided these services without interruption until May, 1996, when Oak Valley District Hospital began providing emergency ground ambulance services in Zone Six per an agreement with Waterford Community Ambulance. However, based upon a change, the cessation of Waterford Community Ambulance Board of Directors, shortly thereafter, this zone is designated as a non-exclusive operating area as of February 12, 2003. Zone Six was re-titled Zone D to reflect its change from an exclusive to non-exclusive response area.

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency

**Area or subarea (Zone) Name or Title:**

Zone C

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The Provider in Zone C is ProTransport-I, Inc. who began service in November 2008

**Area or subarea (Zone) Geographic Description:**

Zone C is in the east central area of Stanislaus County encircling the City of Hughson. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at the corner of Grayson and Washington Roads; then easterly on Grayson Road to Mountain View Road; then southerly on Mountain View Road to Keyes Road; then easterly on Keyes Road to Waring Road; then northerly on Waring Road to Service Road; then easterly on Service Road to a point east of Downie Road; then northerly parallel and east of Downie Road to a point northeast of Lyon and Virginia Road; then curving westerly across the northern end of Swanson Road to the Tuolumne River; then westerly along the Tuolumne River to a point north of Faith Home Road; then southerly along Faith Home Road to Service Road; then easterly along Service Road to Washington Road; then southerly along Washington Road to Grayson Road.

**DEMOGRAPHIC ZONE GRID DESCRIPTIONS**

**URBAN**

F153, F253 - F254, F351-F355, F452-F455, F553-F554

**SUBURBAN**

E653 - E654, F251 - F252, F255, F356-F362, F456, F555 - F556

**RURAL**

F151 - F152, F154 - F162, F256 - F262

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

Non-Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map). Zone C will become an exclusive operating area only following a competitive bid process.



**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

**Local EMS Agency or County Name:**

Mountain-Valley EMS Agency

**Area or subarea (Zone) Name or Title:**

Zone A

**Name of Current Provider(s):**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

The current provider of emergency ground ambulance services in this zone is West Side District Ambulance. This provider has provided emergency ambulance services without interruption since 1985.

**Area or subarea (Zone) Geographic Description:**

Zone A is generally the extreme southwestern portion of Stanislaus County, including the City of Newman, and is specifically described as follows:

Commencing at the point where Del Puerto Canyon Road leaves the County, east to a point on Highway 33 at Anderson Road, northwesterly along Highway 33 to JT Crow Road, then northeast along JT Crow Road/LB Crow Road to the San Joaquin River, then southeasterly along the river to the Merced County line, then southwesterly along the Stanislaus/Merced County line to the intersection of the Santa Clara County line, then generally northwesterly along the Santa Clara County line to the point where Del Puerto Canyon Road leaves the County.

DEMOGRAPHIC ZONE GRID DESCRIPTIONS

URBAN

I144, I336 – I342, I436 – I442,

SUBURBAN

I236 – I242, I335, I343, I435, I536 - I541,

RURAL

H342, H441 – H442, H536 – H542, H635 – H644, I134 – I142, I233 – I235, I243, I333 – I334, I434, I535, I635 – I636,

WILDERNESS

H443, H543, I108 – I133, I208 – I232, I244, I309 – I332, I408 – I433, I506 – I534, I606 – I634, J106 – J135, J206 – J234, J306 – J333, J407 – J432, J508 – J531, J608 – J626, K109 – K125, K209 – K210, K212 – K214, K 216 – K224, K309 – K310, K321 – K323, K422

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**

Include intent of local EMS agency and Board action.

**Non-Exclusive**

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled

"Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

**Method to achieve Exclusivity, if applicable (HS 1797.224):**

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.



# 2017 EMS Plan Update

## Table 9

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## TABLE 9: FACILITIES

County: Stanislaus

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Doctors Medical Center Telephone Number: (209)578-1211  
 Address: 1441 Florida Ave  
Modesto, Ca 95350

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>1</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>2</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>3</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## TABLE 9: FACILITIES

County: Stanislaus

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Emanuel Medical Center Telephone Number: (209)667-4200  
 Address: 825 Delbon Ave  
Turlock, Ca 95380

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>4</sup></b> <b>EDAP<sup>5</sup></b> <b>PICU<sup>6</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>4</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>5</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>6</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

**County:** Stanislaus

**Note:** Complete information for each facility by county. Make copies as needed.

**Facility:** Kaiser Modesto **Telephone Number:** (209)735-5000  
**Address:** 4601 Dale Rd  
Modesto, Ca 95350

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>7</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>EDAP<sup>8</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>PICU<sup>9</sup></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes      No
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<sup>7</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>8</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>9</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## TABLE 9: FACILITIES

County: Stanislaus

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Memorial Medical Center Telephone Number: (209)526-4500  
 Address: 1700 Coffee Rd  
Modesto, Ca 95350

<b><u>Written Contract:</u></b>  X Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency X Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  X Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes X No
--	---	---	---

<b>Pediatric Critical Care Center<sup>10</sup></b> <b>EDAP<sup>11</sup></b> <b>PICU<sup>12</sup></b>	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No Yes X No	<b><u>Trauma Center:</u></b>  X Yes No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I X Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	--	--	---

<b><u>STEMI Center:</u></b>  X Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  X Yes No
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<sup>10</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>11</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>12</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



# TABLE 9: FACILITIES

County: Stanislaus

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Oak Valley Hospital Telephone Number: (209)847-3011  
 Address: 350 S. Oak Street  
Oakdale, Ca 95361

<b><u>Written Contract:</u></b>  X Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency X Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  X Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes X No
--	--	---	---

<b>Pediatric Critical Care Center<sup>13</sup></b> <b>EDAP<sup>14</sup></b> <b>PICU<sup>15</sup></b>	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes X No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
--	---	---	--

<b><u>STEMI Center:</u></b>  Yes X No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes X No
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<sup>13</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>14</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>15</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## TABLE 9: FACILITIES

County: Amador

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Sutter Amador Hospital  
 Address: 200 Mission Blvd  
Jackson, Ca 95642

Telephone Number: (209)223-7500

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---	---

<b>Pediatric Critical Care Center<sup>16</sup></b> <b>EDAP<sup>17</sup></b> <b>PICU<sup>18</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

<b><u>STEMI Center:</u></b>  Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>16</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>17</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>18</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## TABLE 9: FACILITIES

County: Calaveras

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Mark Twain Medical Center Telephone Number: (209)754-3521  
 Address: 768 Mountain Ranch Rd  
San Andreas Ca 95249

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency		<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	--	--	--	--	---	---

<b>Pediatric Critical Care Center<sup>19</sup></b> <b>EDAP<sup>20</sup></b> <b>PICU<sup>21</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level III	<input type="checkbox"/> Level II <input type="checkbox"/> Level IV
--	---	---	--	--

<b><u>STEMI Center:</u></b> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>19</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>20</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>21</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## TABLE 9: FACILITIES

County: Mariposa

**Note:** Complete information for each facility by county. Make copies as needed.

Facility: John C Fremont Telephone Number: (209)966-0850  
 Address: 5189 Hospital Rd  
Mariposa, Ca 95338

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>	<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency		

<b>Pediatric Critical Care Center<sup>22</sup></b> <b>EDAP<sup>23</sup></b> <b>PICU<sup>24</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center what level:</u></b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III
			<input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<sup>22</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>23</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>24</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards





# 2017 EMS Plan Update

## Table 10

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**TABLE 10: APPROVED TRAINING PROGRAMS****County:** Amador County**Reporting Year:** 2017**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>Jackson Fire Department</u>		Telephone Number:	<u>(209) 304-2781</u>
Address:		<u>33 Broadway</u>			
		<u>Jackson, CA. 95642</u>			
Student Eligibility*:	<u>Open/ as needed</u>	**Program Level	<u>EMT</u>		
	Cost of Program:				
	Basic: <u>900</u>	Number of students completing training per year:			
	Refresher: <u>Varies</u>	Initial training:		<u>0</u>	
		Refresher:		<u>0</u>	
		Continuing Education:		<u>0</u>	
		Expiration Date:		<u>03/2017</u>	
		Number of courses:			
		Initial training:		<u>0</u>	
		Refresher:		<u>0</u>	
		Continuing Education:		<u>0</u>	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		<u>Ione Fire Department</u>		Telephone Number:	<u>(209) 304-7945</u>
Address:		<u>P.O. Box 1628</u>			
		<u>Ione CA. 95640</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMT</u>		
	Cost of Program:				
	Basic: <u>750</u>	Number of students completing training per year:			
	Refresher: <u>250</u>	Initial training:		<u>43</u>	
		Refresher:		<u>0</u>	
		Continuing Education:		<u>0</u>	
		Expiration Date:		<u>6/2019</u>	
		Number of courses:			
		Initial training:		<u>2</u>	
		Refresher:		<u>0</u>	
		Continuing Education:		<u>0</u>	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Ione Fire Department		Telephone Number:		(209) 304-7945	
Address:		P.O. Box 1628					
		Ione CA. 95640					
Student Eligibility*:	Varies			**Program Level	EMR		
		Cost of Program:					
		Basic:		Number of students completing training per year:			
		Refresher:		Initial training:		39	
				Refresher:		0	
				Continuing Education:		0	
				Expiration Date:		6/2019	
				Number of courses:			
				Initial training:		2	
				Refresher:		0	
				Continuing Education:		0	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Sutter Creek Fire District		Telephone Number:		(209) 274-4548	
Address:		350 Hanford St					
		Sutter Creek, CA. 95685					
Student Eligibility*:	Open/ as needed			**Program Level	EMR		
		Cost of Program:					
		Basic:	Varies	Number of students completing training per year:			
		Refresher:		Initial training:		0	
				Refresher:		0	
				Continuing Education:			
				Expiration Date:		03/2021	
				Number of courses:			
				Initial training:		0	
				Refresher:		0	
				Continuing Education:			

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

# TABLE 10: APPROVED TRAINING PROGRAMS

County: Calaveras County

Reporting Year: 2017

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		<u>Murphys Fire Department</u>		Telephone Number:	<u>(209) 728-3864</u>
Address:		<u>37 Jones Street</u>			
		<u>Murphys, CA. 95247</u>			
Student Eligibility*:	<u>Open</u>	**Program Level	<u>EMT</u>		
Cost of Program:					
Basic:		<u>350</u>	Number of students completing training per year:		
Refresher:			Initial training:		
			<u>44</u>		
			Refresher:		
			<u>0</u>		
			Continuing Education:		
			<u>10/2020</u>		
			Expiration Date:		
			<u>10/2020</u>		
			Number of courses:		
			Initial training:		
			<u>2</u>		
			Refresher:		
			<u>0</u>		
			Continuing Education:		

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		<u>Copperopolis Fire Protection District</u>		Telephone Number:	<u>(209) 785-2393</u>
Address:		<u>370 Main Street</u>			
		<u>Copperopolis CA. 95228</u>			
Student Eligibility*:	<u>Varies</u>	**Program Level	<u>EMR</u>		
Cost of Program:					
Basic:		<u>varies</u>	Number of students completing training per year:		
Refresher:			Initial training:		
			<u>9</u>		
			Refresher:		
			<u>0</u>		
			Continuing Education:		
			<u>0</u>		
			Expiration Date:		
			<u>01/2023</u>		
			Number of courses:		
			Initial training:		
			<u>1</u>		
			Refresher:		
			<u>0</u>		
			Continuing Education:		
			<u>0</u>		

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.



**TABLE 10: APPROVED TRAINING PROGRAMS**

**County:** Mariposa County

**Reporting Year:** 2017

**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Mariposa County Fire Department		(209) 966-4880
Training Institution:		
Address:	P.O. Box 162	
	Mariposa, CA. 95338	
Student Eligibility*:	Open	**Program Level <u>EMT</u>
	Cost of Program:	
	Basic: <u>500</u>	Number of students completing training per year:
	Refresher: _____	Initial training: <u>58</u>
		Refresher: <u>0</u>
		Continuing Education: _____
		Expiration Date: <u>10/2022</u>
	Number of courses:	
	Initial training: <u>2</u>	
	Refresher: <u>0</u>	
	Continuing Education: _____	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Mariposa County Fire Department		(209) 966-4880
Training Institution:		
Address:	P.O. Box 162	
	Mariposa, CA. 95338	
Student Eligibility*:	Open	**Program Level <u>EMR</u>
	Cost of Program:	
	Basic: _____	Number of students completing training per year:
	Refresher: _____	Initial training: <u>32</u>
		Refresher: <u>16</u>
		Continuing Education: _____
		Expiration Date: <u>10/2022</u>
	Number of courses:	
	Initial training: <u>2</u>	
	Refresher: <u>2</u>	
	Continuing Education: _____	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Mariposa County SAR		Telephone Number: 209-966-3689	
Address:		P.O. Box 276			
		Mariposa, CA. 95338			
Student Eligibility*:	Closed	**Program Level	EMR		
		Cost of Program:			
		Basic:	Number of students completing training per year:		
		Refresher:	Initial training:	10	
			Refresher:	0	
			Continuing Education:		
			Expiration Date:	07/2020	
			Number of courses:		
			Initial training:	1	
			Refresher:	0	
			Continuing Education:		

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Mariposa County High School		Telephone Number: (209)	
Address:		5074 Old Hwy N			
		Mariposa, CA. 95338			
Student Eligibility*:	Closed	**Program Level	EMR		
		Cost of Program:			
		Basic:	Number of students completing training per year:		
		Refresher:	Initial training:	15	
			Refresher:	1	
			Continuing Education:		
			Expiration Date:	05/2021	
			Number of courses:		
			Initial training:	2	
			Refresher:	1	
			Continuing Education:		

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10: APPROVED TRAINING PROGRAMS****County:** Stanislaus County**Reporting Year:** 2017**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:		Academy of Professional Development		Telephone Number: (209) 300-7822	
Address:		144 Woodrow Ave, Suite 1			
		Modesto, CA. 95350			
Student Eligibility*:	Open	**Program Level		EMT	
		Cost of Program:			
		Basic: TBD		Number of students completing training per year:	
		Refresher:		Initial training: 0	
				Refresher: 0	
				Continuing Education: 0	
				Expiration Date: 11/2019	
		Number of courses:			
		Initial training:		0	
		Refresher:		0	
		Continuing Education:		0	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Abrams College		Telephone Number: (209) 577-7777	
Address:		P.O. Box 307			
		Ceres, CA. 95307			
Student Eligibility*:	Open	**Program Level		EMT	
		Cost of Program:			
		Basic: 875		Number of students completing training per year:	
		Refresher:		Initial training: 325	
				Refresher: 26	
				Continuing Education: 666	
				Expiration Date: 06/2020	
		Number of courses:			
		Initial training:		7	
		Refresher:		6	
		Continuing Education:		6	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Ceres Unified School District - Adult Education		Telephone Number: (209) 556-1557	
Address:		P.O. Box 307			
		Ceres, CA. 95307			
Student Eligibility*:	Open	**Program Level	EMT		
		Cost of Program:			
		Basic:	450	Number of students completing training per year:	
		Refresher:		Initial training:	124
				Refresher:	16
				Continuing Education:	384
				Expiration Date:	11/2022
		Number of courses:			
		Initial training:		2	
		Refresher:		1	
		Continuing Education:		2	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Hughson Fire Department		Telephone Number: (209) 883-9177	
Address:		2300 Tully Rd			
		Hughson CA. 95326			
Student Eligibility*:	Varies	**Program Level	EMT		
		Cost of Program:			
		Basic:	varies	Number of students completing training per year:	
		Refresher:		Initial training:	24
				Refresher:	0
				Continuing Education:	
				Expiration Date:	04/2017
		Number of courses:			
		Initial training:		1	
		Refresher:		0	
		Continuing Education:			

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.



Training Institution:		Modesto Junior College		Telephone Number: (209) 549-7030	
Address:		1220 Fire Science Lane			
		Modesto, CA. 95351			
Student Eligibility*:	Open	**Program Level	EMT		
		Cost of Program:			
		Basic:	450	Number of students completing training per year:	
		Refresher:		Initial training:	94
				Refresher:	
				Continuing Education:	
				Expiration Date:	11/2022
				Number of courses:	
				Initial training:	2
				Refresher:	
				Continuing Education:	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Modesto Junior College		Telephone Number: (209) 549-7030	
Address:		1220 Fire Science Lane			
		Modesto, CA. 95351			
Student Eligibility*:	Open	**Program Level	EMR		
		Cost of Program:			
		Basic:	varies	Number of students completing training per year:	
		Refresher:		Initial training:	82
				Refresher:	
				Continuing Education:	
				Expiration Date:	11/2018
				Number of courses:	
				Initial training:	3
				Refresher:	
				Continuing Education:	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Mountain Valley EMS Agency		Telephone Number: (209) 529-5085	
Address:		1101 Standiford Ave Suite D-1			
		Modesto, CA. 95350			
Student Eligibility*:	Open	**Program Level		EMT	
		Cost of Program:			
		Basic:	TBD	Number of students completing training per year:	
		Refresher:		Initial training:	0
				Refresher:	0
				Continuing Education:	
				Expiration Date:	-
				Number of courses:	
				Initial training:	0
				Refresher:	0
				Continuing Education:	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Mountain Valley EMS Agency		Telephone Number: (209) 529-5085	
Address:		1101 Standiford Ave Suite D-1			
		Modesto, CA. 95350			
Student Eligibility*:	Open	**Program Level		MICN	
		Cost of Program:			
		Basic:		Number of students completing training per year:	
		Refresher:		Initial training:	35
				Refresher:	-
				Continuing Education:	
				Expiration Date:	n/a
				Number of courses:	
				Initial training:	4
				Refresher:	-
				Continuing Education:	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

Training Institution:		Salida Fire Department		Telephone Number: (209) 545-0635	
Address:		4820 Salida Boulevard			
		Salida, CA. 95368			
Student Eligibility*:	Closed/ As needed	**Program Level	EMR		
		Cost of Program:			
		Basic:	n/a	Number of students completing training per year:	
		Refresher:		Initial training:	0
				Refresher:	
				Continuing Education:	
				Expiration Date:	10/2019
				Number of courses:	
				Initial training:	0
				Refresher:	
				Continuing Education:	

\*Open to general public or restricted to certain personnel only.

\*\* Indicate whether EMT, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.



# 2017 EMS Plan Update

## Table 11

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**TABLE 11: DISPATCH AGENCY****County:** Amador County**Reporting Year:** 2017**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name:	Amador County Sheriff Department, Communications Center		Primary Contact:	Pam Benson	
Address:	700 Court Street				
	Jackson, CA. 95642				
Telephone Number:	209-223-6672				
Fax:	209-223-5281				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>  12  </u> EMD Training	<u>      </u> EMT-D	<u>      </u> ALS
			<u>      </u> BLS	<u>      </u> LALS	<u>      </u> Other
Ownership:	If Public:		If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire				
	<input checked="" type="checkbox"/> Law				
	<input type="checkbox"/> Other				
	Explain: _____				

**County:** Calaveras County

Reporting Year: 2017

**NOTE:** Make copies to add pages as needed. Complete information for each provider by county.

Name: Calaveras County Sheriff Department, Wade Whitney  
Communications Center Primary Contact:  
 Address: Government Center  
San Andreas, CA. 95249  
 Telephone Number: 209-754-6500  
 Fax: \_\_\_\_\_

Written Contract: ☒ Yes ☐ No Medical Director: ☐ Yes ☒ No

☒ Day-to-Day  
☒ Disaster

Number of Personnel Providing Services:  
 \_\_\_12\_\_\_ EMD Training \_\_\_ EMT-D \_\_\_ ALS  
 \_\_\_ BLS \_\_\_ LALS \_\_\_ Other

Ownership: ☒ Public ☐ Private

If Public:  
☐ Fire  
☒ Law  
☐ Other

Explain: \_\_\_\_\_

If Public: ☐ City ☒ County ☐ State ☐ Fire District ☐ Federal

Reporting Year: 2017

Name:	California Department of Forestry		Primary Contact:	Tori Keith
Address:	Emergency Communication Center			Ryan Davis
	5366 Highway 49 North			
	Mariposa, CA. 95338			
Telephone Number:	209-966-3803			
Fax:				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster		
			<u>  12  </u> EMD Training	<u>      </u> EMT-D
			<u>      </u> BLS	<u>      </u> ALS
			<u>      </u> LALS	<u>      </u> Other
Ownership:		If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	
		<input type="checkbox"/> Law		
		<input type="checkbox"/> Other		
		Explain: _____		

Reporting Year: 2017

Name: Valley Regional Emergency Communication Center (VRECC) Primary Contact: Richard Silva  
 Address: 4701 Stoddard Road  
Modesto, CA. 95367  
 Telephone Number: 209-236-8302  
 Fax: \_\_\_\_\_  
 Written Contract: ☒ Yes ☐ No Medical Director: ☒ Yes ☐ No ☒ Day-to-Day ☒ Disaster Number of Personnel Providing Services:  
☒ Yes ☐ No ☒ Yes ☐ No ☒ Day-to-Day ☒ Disaster 72 EMD Training        EMT-D        ALS  
       BLS        LALS        Other  
 Ownership: ☐ Public ☒ Private If Public: ☐ Fire ☐ Law ☐ Other If Public: ☐ City ☐ County ☐ State ☐ Fire District ☐ Federal  
 Explain: \_\_\_\_\_